

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | 9 A.     |        | 7/20/00 |
| O.I.P.E. CLASSIFIER       |          |        | 7-27-02 |
| FORMALITY REVIEW          | HL       | 526    | 8/31/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original | 8/18/00 |
| 1              | ✓ ✓     |
| 2              | ✓       |
| 3              | ✓       |
| 4              | ✓ ✓     |
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| 7              | ✓ ✓     |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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